Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	11/15/2007	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other DENTIST'S PACKAGE 	\$5,416,017.	03%
class being amended is the Equipment B Brief description of filing. (If filing follow	territories) or certain classes? If so, specif reakdown optional coverage. s rates of an advisory organization, spe- oilers or not covering them. Only one opti	cify organization): We are deleting the
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	es.
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED JUN 11 2007 SPRINGFIELD, ILLINOIS		innati Insurance Company Name of Company onjes - Senior Filings Specialist Official - Title
-filing & CDEN - 07- 75	05-IL	

SUMMARY SHEET

	Change in Company's prevision effective		r rate level produced by rate 10-1-2007		
			10 1 2007		
	(1)	(:	2)	(3)	
	, ,	Annual	Premium	Percent	
	<u>Coverage</u>	Volume ((Illinois)*	<u>Change (+or-)**</u>	
1.	Automobile Liability				
	Private Passenger				
	Commercial				
2.	Automobile Physical				
_,	Damage				
	Private Passenger				
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire	•			
10.	Extended Coverage				
11.	Inland Marine		569,288	+1.55%	
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other				
	Line of Insurance				
	filing only apply to certain te		rritories) or certain classes	? If so, specify:	
App	lies to all territories and all classes	•			
Brief	f description of filing. (If filing	g follows	rates of an advisory organiz	ration, specify organization):	
	re submitting a revised company R	_	· -		
date.	re submitting a revised company R	tule 9. Pulic	y writing willindian rremain	Exception rage with 09-07 edition	
Thic	page is in final print. This revised	page replac	es our state exception page cur	rently filed for use in your state	
	djusted to reflect all prior rate of	III Cor	erage minimum.	premium amounts.	
** C	hange in Company's premium	manges.	J sh svill	1	
	esult from application of new i	IC VCI WILL	II WIII		
Ohio Casualty Ins Co					
	Name of Company				
	DIVISION OF INSUF	ANCE		roduct Staff Underwriter	
	RECEIVE	ED		fficial - Title	
	HIN 1 a 2007	,			

SPRINGFIELD, ILLINOIS